


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90176 021 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004701					
1. Corporation Name THE CANOPY CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 905 BLUEBERRY DR. WELLINGTON FL 33414			Mailing Address 905 BLUEBERRY DR. WELLINGTON FL 33414		



2. Principal Place of Business 21 13453 Doubletree Trail Suite, Apt. #, etc.		2a. Mailing Address 26 506 Maplewood Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/09/1998	
22 City & State 23 Wellington, FL Zip Country 24 33414 25 USA		27 City & State 28 West Palm Beach, FL Zip Country 29 33415 30 USA		4. FEI Number 65-0855119 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent O'NEAL, KIMBERLY T 506 MAPLEWOOD DR. WEST PALM BEACH FL 33415				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Larry Green
STREET ADDRESS		1.3 STREET ADDRESS	3660 Victoria Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Diana Harrell
STREET ADDRESS		2.3 STREET ADDRESS	16034 E. Pimlico Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kimberly O'Neal
STREET ADDRESS		3.3 STREET ADDRESS	506 Maplewood Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Diana Harrell

4/28/99 (561) 798-4339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)